

DATE:

TO: Suzanne Efhan  
Administrative Services Officer  
Department of Taxation  
830 Punchbowl Street #217  
Honolulu, HI 96813

FROM:

Legal name

Mailing address

City, State, Zip Code

RE: **LETTER OF INTEREST TO PROVIDE PROFESSIONAL SERVICES FOR THE  
DEPARTMENT OF TAXATION**

Category of Interest:

*Please include all categories you are interested in*

Hourly rate:

Legal entity:

*Corporation, partnership, joint venture, sole proprietorship*

State of incorporation (for Corporations only)

Telephone number:

Facsimile number:

Email address:

Federal tax id #

State tax id#

Signed:

\_\_\_\_\_  
Print or type name of authorized representative signing above:

Title:

Date:

DATE:

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Department of Taxation  
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### **STATEMENT OF QUALIFICATIONS**

Summary of qualifications, expertise, and experience:

Experience and professional qualifications relevant to project type:

Past performance on projects of similar scope for public agencies or private industry including corrective actions and other responses to notices of deficiency:

Capacity to accomplish the work in the required time:

Other relevant information (please refer to attachments, if any):

Legal Name:  
Category:  
Date:

## REFERENCES:

### 1. Name:

Title:

Telephone#:

Email Address:

Mailing Address:

How do you know this person?

How long have you known this person?

### 2. Name:

Title:

Telephone#:

Email Address:

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